

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF TAXATION
Individual Tax Audit Branch
Transfer Inheritance and Estate Tax
PO Box 249
Trenton, New Jersey 08695-0249
(609) 292-5033**

Failure to fully complete this form may result in delay in issuing consents to transfer

_____/_____/_____
Decedent's Social Security Number

COUNTY OF _____ }
STATE OF _____ } S.S.

☐ Executor ☐ Administrator
☐ Heir-at-Law and Next of Kin
(Indicate above with an X)

Decedent died { Testate }
 { Intestate }

_____ , _____

(Month) (Day) (Year)

Letters of { Administration } were issued by the Surrogate of the County of _____
 { Testamentary } State of _____

Address to which all correspondence should be mailed. { _____ (Name)
 _____ (Street) (City) (State) (Zip)

1. Following is the status of decedent's estate as presently established:

GROSS ESTATE - INHERITANCE TAX \$ _____
(Include all New Jersey realty, New Jersey tangible personalty, and intangible personalty
both in and outside of New Jersey.)

DEDUCTIONS \$ _____
(Debts, funeral, legal services, etc.)

NET ESTATE \$

FOR DECEDENTS DYING AFTER DECEMBER 31, 2001, GROSS
ESTATE (\$ _____) LESS DEDUCTIONS (\$ _____)
PLUS ADJUSTED TAXABLE GIFTS (\$ _____) FOR FEDERAL
ESTATE TAX PURPOSES UNDER THE PROVISIONS OF THE INTERNAL
REVENUE CODE IN EFFECT ON DECEMBER 31, 2001 \$ _____

It is not possible at this time to complete an Inheritance ☐ and/or Estate Tax ☐ return for the following reasons: (Recite the facts with reference to the unavoidable cause of delay. If more space is required, attach rider):

5. The following funds were on deposit in State and National Banks in New Jersey to credit of decedent as an individual, co-depositor or otherwise:

[illegible]

NOTE: Banks have permission to release fifty percent of all funds on deposit, upon application.

6. Relationship to decedent of those who survived decedent and are entitled to share in the estate.

[illegible]

7. Consents to transfer are desired at this time covering the following items:

(If release of assets in a custodial account is desired, state the name and location of the bank or trust company and attach a list (in duplicate) of the assets held as agent for the decedent.)

8. Deponent is willing to make such payment on account as may be determined to be necessary by the Inheritance Tax Branch in order to safeguard issuance of consents to transfer in absence of a detailed return.
9. Deponent certifies that the usual detailed resident return in connection with this estate will be filed with the Division of Taxation at the earliest possible date.

(Executor), (Administrator), (Heir-at-Law and Next of Kin)

My Home Address is _____

Street and Street Number

City or Town and State

SWORN AND SUBSCRIBED TO

BEFORE ME THIS _____

DAY OF _____, _____
